

DT14 Rec'd PCT/PTO 10 JAN 2005  
Patent  
42598-2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Naoki Anzai et al.

Serial No.: 10/509,550

Filed: September 28, 2004

For: A SOLID ELECTROLYTIC  
CAPACITOR AND MANUFACTURING  
METHOD THEREOF

Patent Examiner: Not yet assigned

Group Art Unit: Not yet assigned

January 4, 2005

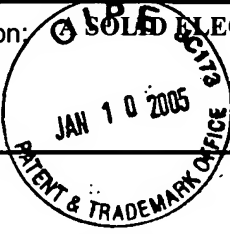
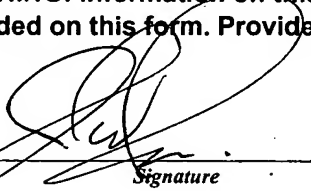



Irvine, California 92614

**SECOND PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sirs:

Prior to an examination on the merits of the above-identified application, please enter the following:

<b>AMENDMENT TRANSmittal LETTER (Large Entity)</b>				Docket No. <b>42598-2900</b>											
Applicant(s): Naoki Anzai et al.															
Application No. <b>10/509,550</b>	Filing Date <b>09.28.2004</b>	Examiner <b>Not yet assigned</b>	Customer No. <b>21611</b>	Group Art Unit <b>Not yet assigne</b>	Confirmation No.										
Invention: <b>SOLID ELECTROLYTIC CAPACITOR AND MANUFACTURING METHOD THEREOF</b>															
 <b>COMMISSIONER FOR PATENTS:</b>															
Transmitted herewith is an amendment in the above-identified application.															
The fee has been calculated and is transmitted as shown below.															
<b>CLAIMS AS AMENDED</b>															
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE										
TOTAL CLAIMS	25 -	25 =	0	x \$50.00	\$0.00										
INDEP. CLAIMS	14 -	14 =	0	x \$200.00	\$0.00										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00										
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>										
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-2814</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.															
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>															
 _____ Signature			Dated: <b>January 4, 2005</b>												
<b>Joseph W. Price</b> <b>Reg. 25,124</b> <b>SNELL &amp; WILMER LLP</b> <b>1920 Main Street, Suite 1200</b> <b>Irvine, CA 92614</b>  <b>Tel: 949-253-4920</b> <b>Fax: 949-955-2507</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">January 4, 2005</td> <td></td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">             Signature of Person Mailing Correspondence         </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>Sharon Farnus</b>            Typed or Printed Name of Person Mailing Correspondence         </td> </tr> </table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		January 4, 2005		(Date)		 Signature of Person Mailing Correspondence		<b>Sharon Farnus</b> Typed or Printed Name of Person Mailing Correspondence	
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CC:															